

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. 10709435	FILING DATE 11/31/05				
							APPLICANT(S)					
11/31/05							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
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37							97					
38							98					
39							99					
40							100					
41												
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46												
47												
48												
49												
50												
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					